

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/561041**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
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19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26		①		1		
27		①		1		
28		10		1		
29		10		1		
30		①		1		
31		2		1		
32		①		1		
33		2		1		
34		①		1		
35		①		1		
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48						
49						
50						
TOTAL IND.	24	↓	24	↓	0	↓
TOTAL DEP.	42	←	11	←	0	←
TOTAL CLAIMS	66	[REDACTED]	35	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]